



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 4, 2006

FILE COPY

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I LLC
2221 Vineyard Avenue
Lewiston, ID 83501

License #: Rc-806

Dear Ms. Vestal:

On June 29, 2006, a state licensure survey was conducted at Guardian Angel Homes Lewiston I LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, LSW
Team Leader
Health Facility Surveyor
Residential Care/Assisted Living Program

PWG/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program



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FILE COPY

July 13, 2006

Linda Vestal, Administrator
Guardian Angel Homes Lewiston I LLC
2221 Vineyard Avenue
Lewiston, ID 83501

Dear Ms. Vestal:

On June 29, 2006, a state licensure survey was conducted at Guardian Angel Homes Lewiston I LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by July 29, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R806	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2006
NAME OF PROVIDER OR SUPPLIER GUARDIAN ANGEL HOMES LEWISTON I LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2221 VINEYARD AVENUE LEWISTON, ID 83501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on June 29, 2006. The surveyors conducting the standard survey were:</p> <p>Polly Watt-Geier, LSW Team Leader Health Facility Surveyor</p> <p>Patrick Hendrickson, RN Health Facility Surveyor</p> <p>Frutoso Gonzalez, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

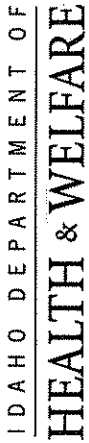
LAPORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

5: FORM

6899

6XZJ11

If continuation sheet 1 of 1



BUREAU OF ACRYLIC STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTEL _IVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Guardian Angel Homes Lawiston I LLC Administrator	2425 Vineyard Avenue City	743-6500 ZIP Code
Linda Upstead Survey Team Leader	Lawiston Survey Type	83501 Survey Date
Polly Watt-Geier	Standard	6-29-06

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

2020

Signature of Facility Representative